



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

The Impact of Alcohol on Women's Health

January 18, 2018



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:



Brie Reimann, MPA
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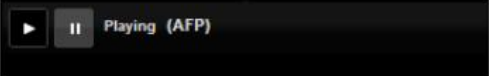



Roara Michael, MHA
Senior Associate, CIHS

Before We Begin

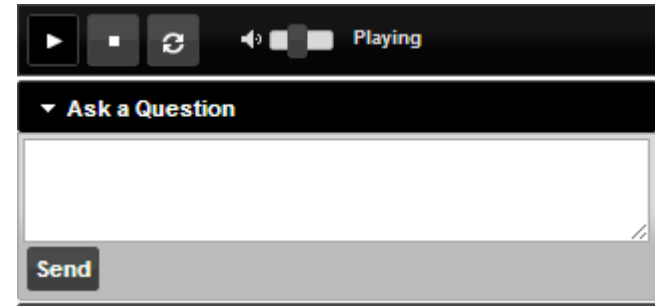
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Before We Begin

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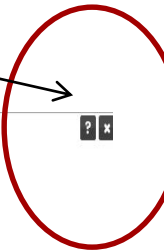


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Today's Speakers

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Addiction Medicine

Assistant Professor, Department of Family
Medicine, University of Colorado,
Denver Health and Hospital



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Chief, Division of Geriatrics

Professor of Medicine and Psychiatry,
UC San Diego



Poll Question 1

How comfortable are you with addressing alcohol use among women?

- 1-not comfortable
- 2-somewhat comfortable
- 3-comfortable
- 4-very comfortable

Poll Question 2

Our organization routinely screens and intervenes for alcohol use among women.

- True
- False
- Not sure

OVERALL LEARNING OBJECTIVES

By the end of this presentation, you will be able to:

1

Learn about health consequences associated with alcohol use and women across the lifespan.

2

Describe evidence-based protocols to address alcohol use in women.

3

Understand the importance of preventing alcohol-exposed pregnancies.

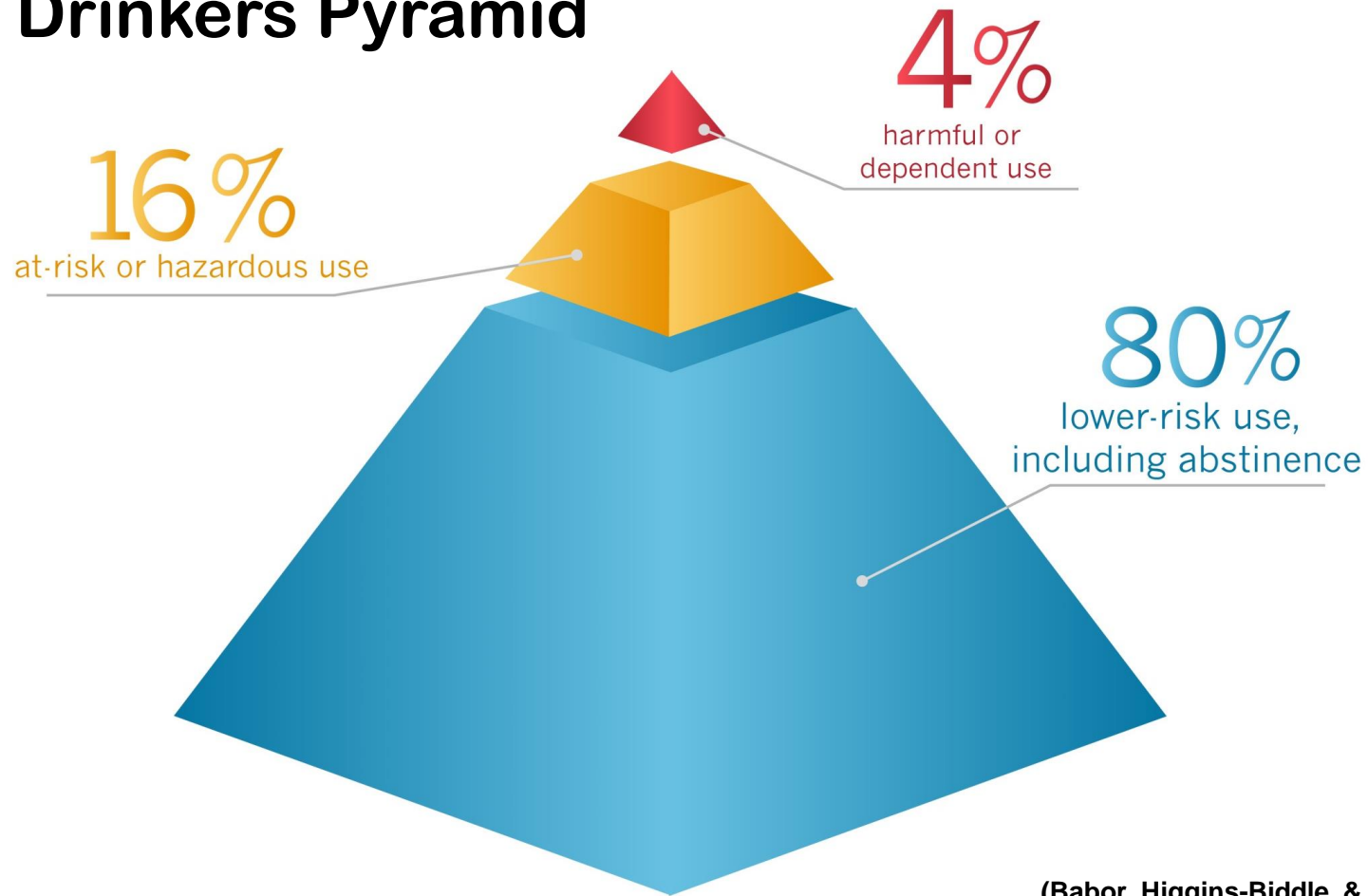
4

Identify tools and resources to implement into practice in integrated care settings.



Funding for this presentation was made possible by the Centers for Disease Control and Prevention (CDC). The views expressed in written materials and by speakers do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

The Drinkers Pyramid



(Babor, Higgins-Biddle, & Robaina, 2016)

Alcohol and Women - Metabolism

- Women have less body water than men
- Higher concentrations of alcohol in blood
- More susceptible to alcohol related organ damage
- Gastric alcohol dehydrogenase
- Hormones and alcohol

- National Institute on Alcohol Abuse and Alcoholism
- <https://pubs.niaaa.nih.gov/publications/aa46.htm>

Consequences of Alcohol Use for Women

- Increased risk of alcohol induced liver disease
 - Increased risk of breast cancer
 - Risk of sexual and violent victimization
 - Higher rate of driver fatality
-
- National Institute on Alcohol Abuse and Alcoholism
 - <https://pubs.niaaa.nih.gov/publications/aa46.htm>

Health Consequences of Excessive Alcohol Use

Injuries from vehicle crashes and falls

Violence, suicide, and sexual assault

Chronic diseases affecting the heart and liver

Cancers of breasts, mouth, liver, and colon

Miscarriage, stillbirth, and FASDs

(CDC,
2016)

U.S. Preventive Services Task Force recommends that alcohol SBI be provided for all adults in primary care settings, including pregnant women.

This is a Grade B recommendation.

The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.



<https://www.uspreventiveservicestaskforce.org/>



**Only 1 in 6 adults report talking with
their healthcare professional about their
drinking.**

Lower Risk Drinking Limits

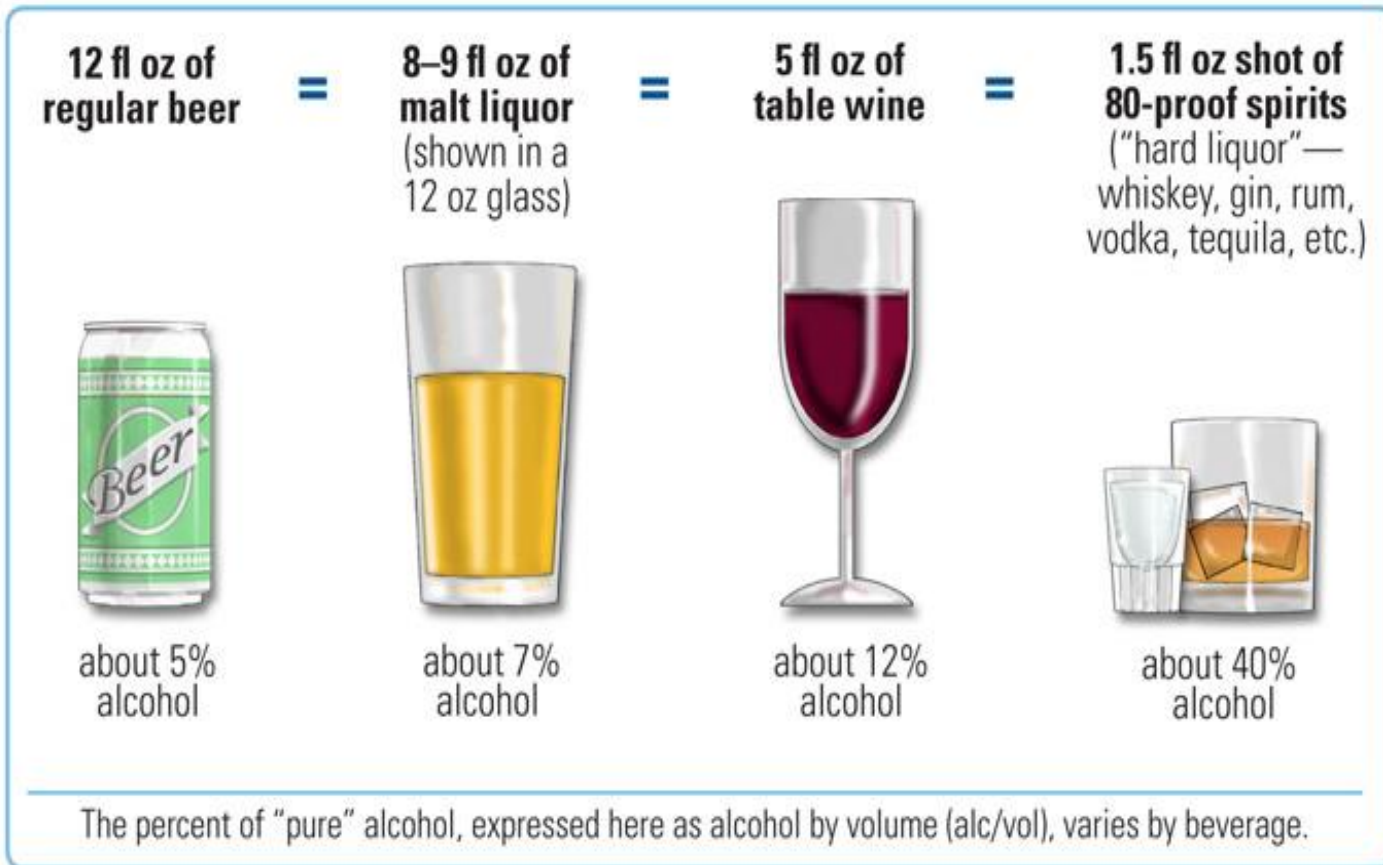
Up to **1** drink per day for women

Up to **2** drinks per day for men

No more than **3** drinks on one occasion for women
(and men over age 65)

No more than **4** drinks on one occasion for men

What Is Considered A Standard Drink?



(NIAAA, 2005, n.d.b)

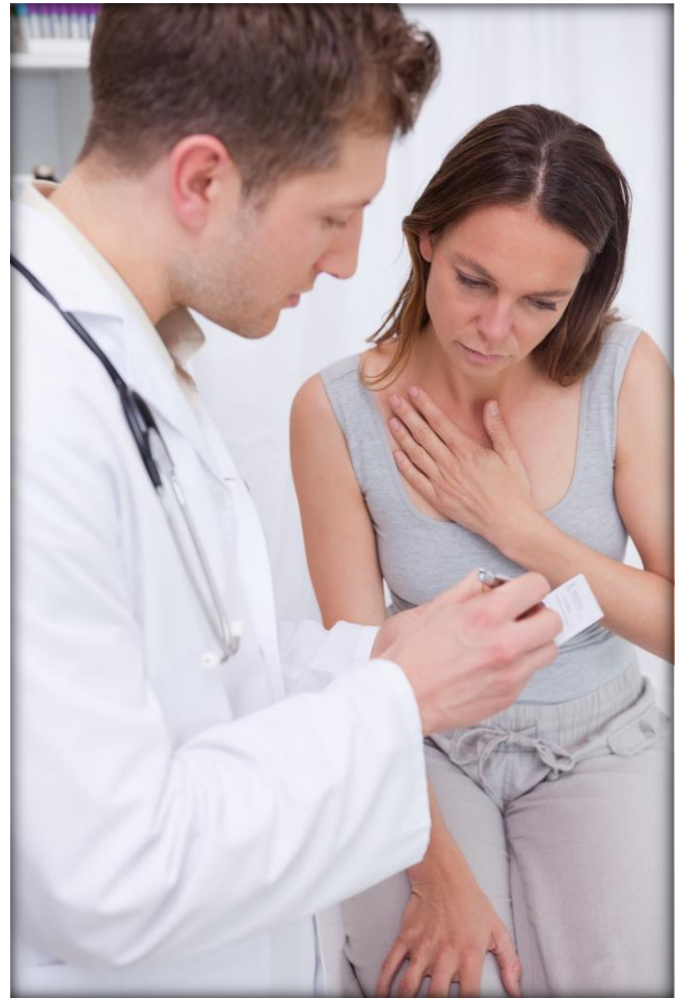


There are also times when
ANY alcohol use is risky.



Under age 21

Health condition or taking medication that increases the risks of alcohol



**Planning to drive or
operate machinery**





**Are Pregnant or
Considering Pregnancy**



Opportunity in Integrated Care Settings

Talk to women about the health effects of alcohol use

Integrate SBIRT into practice

Provide brief intervention and Motivational Interviewing to help women reduce or quit drinking

Talk with women of reproductive age about the risks of alcohol use during pregnancy

Advise women planning a pregnancy to stop drinking while trying to conceive



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Alcohol Use in Pregnancy

Poll Question

Percentage of Unintended Pregnancies

What percentage of pregnancies in the United States are unintended?

- a) 10%
- b) 25%
- c) 40%
- d) 45%



Poll Question: True or False?

- a) It's ok to drink small amounts of alcohol near the end of pregnancy.
- b) The timing of alcohol exposure affects the fetus.
- c) The frequency of alcohol exposure does not affect the fetus.
- d) The duration of alcohol exposure does not affect the fetus.

A pregnant woman in a light pink dress is holding a glass of red wine. The image is used as a background for the text.

10.2% of pregnant women
aged 18 to 44 years report
current alcohol use.

(CDC,
2015)

Alcohol and Unintended Pregnancies

- **45%** of pregnancies in the U.S. are unintended
- Majority due to not using or incorrectly using contraception
- Most women don't know they are pregnant until 4-6 weeks





More than **3 million** women in the US are at risk for an alcohol-exposed pregnancy.

(CDC, 2016)



Alcohol-exposed pregnancies can occur in every demographic and socio-economic group.



Intervention

CHOICES ...

a program for women on
choosing healthy behaviors
to avoid alcohol-exposed
pregnancies (AEP)

CHOICES

Screens for risky alcohol use among women capable of becoming pregnant

Offers an extended intervention for women at risk of an alcohol-exposed pregnancy

Empowers women to decrease their risk of AEP by using contraception effectively, decreasing their alcohol use, or both

An Ounce of Prevention

Screening and counseling regarding alcohol must begin during pre-conception counseling (or earlier)

Women have highest rates of substance use during years of highest chance of pregnancy (18-35)

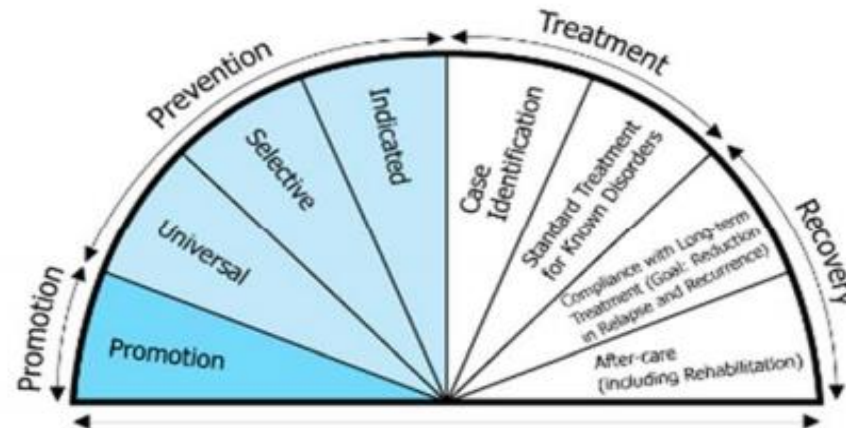
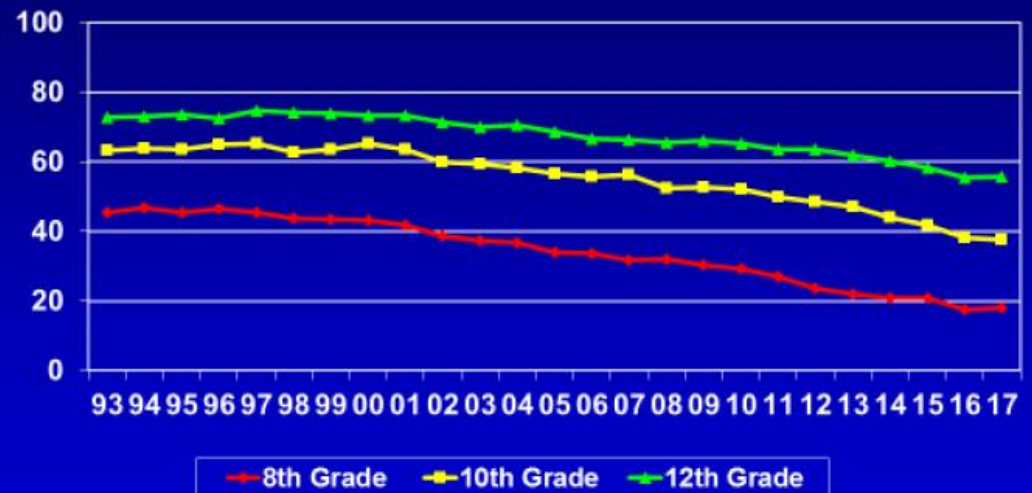


Figure 1. Behavioral Health Continuum of Care Model. Reprinted from SAMHSA. (2016). Prevention of Substance Abuse and Mental Illness. Retrieved from <https://www.samhsa.gov/prevention>.

Prevention and Education

- Primary Prevention
- Adolescent SBIRT
- Challenging the “norms” around teen/young adult drinking
- Providing ongoing education for community and patients regarding short and long-term effects of risky alcohol use

Percent of Students Reporting Use of Alcohol in Past Year, by Grade



SOURCE: University of Michigan, 2017 Monitoring the Future Study

SBIRT

- Screening
- Brief Intervention
- Referral to Treatment



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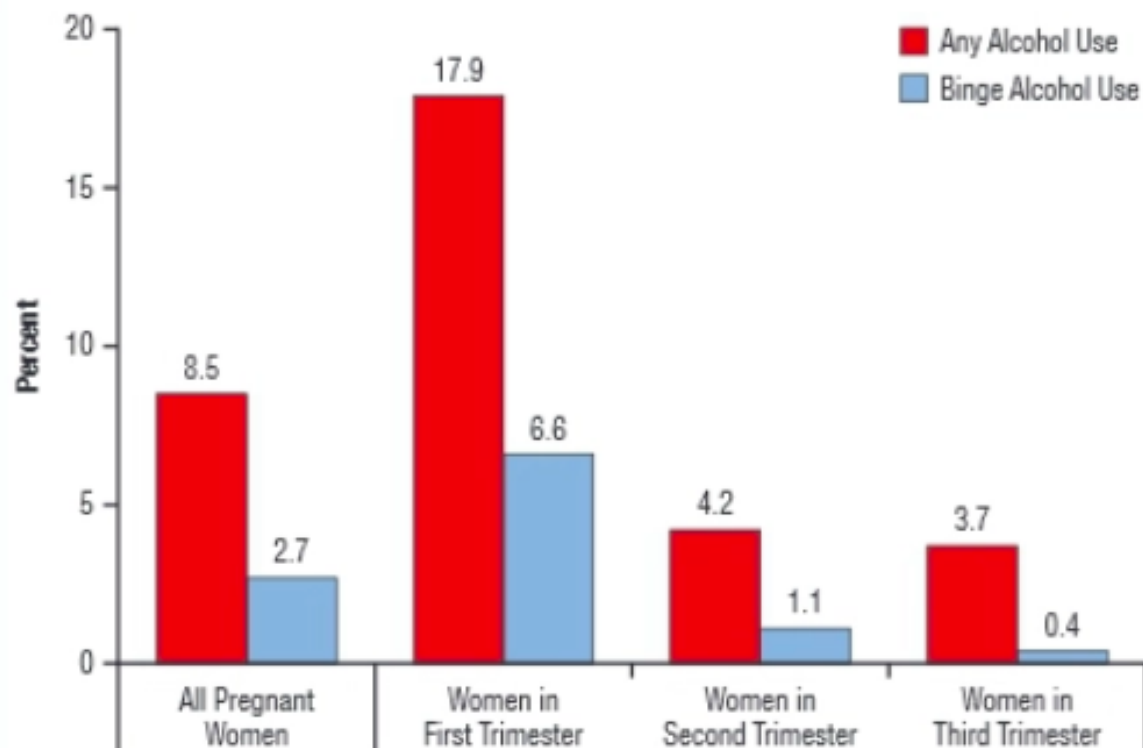
J Psychoactive Drugs. 2012 ; 44(4): 307–317.

Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review

Suneel M. Agerwala, B.A.^a and Elinore F. McCance-Katz, M.D., Ph.D.^b

^aResearch Analyst, University of California, San Francisco, Addiction Medicine Research, Department of Psychiatry, San Francisco, CA.

Past Month Alcohol Use and Binge Alcohol Use among Pregnant Women Aged 15 to 44, Overall and by Trimester*: 2011 and 2012



* Pregnant women are defined as women aged 15 to 44 who reported that they were pregnant at the time of the survey interview. Pregnant women aged 15 to 44 not reporting trimester are excluded.

National Survey Drug Use and Health

Why Screen?

We screen:

- Universally
- First prenatal visit and then once per trimester (ACOG)
- Every prenatal visit (WHO)
- Substance use, including risky alcohol use/alcohol use disorders, are treatable

Condition	Prevalence
Cystic Fibrosis (Caucasians)	1/2500 = 0.0004%
HIV	1/500 = 0.002%
Birth Defects	2%
Anemia	2-4%
Pre-eclampsia	2-8%
Gestational diabetes	2-10%
Post partum depression	10-15%

Substance Use	Prevalence
Alcohol	9.4%
Cigarettes	15.4%
Illicit drugs	5.4%

How do I screen for alcohol use in pregnancy?

We have to ask...everyone!

4/5Ps:

“Parents?”

“Partner(s)?”

“Peers?”*


“Past?”

“Present?”


SBIRT, NIDA Quick Screen, AUDIT-C/AUDIT, T-ACE

Adolescents:

- Ages 12-17: S2BI
- Ages 14-21: CRAFFT



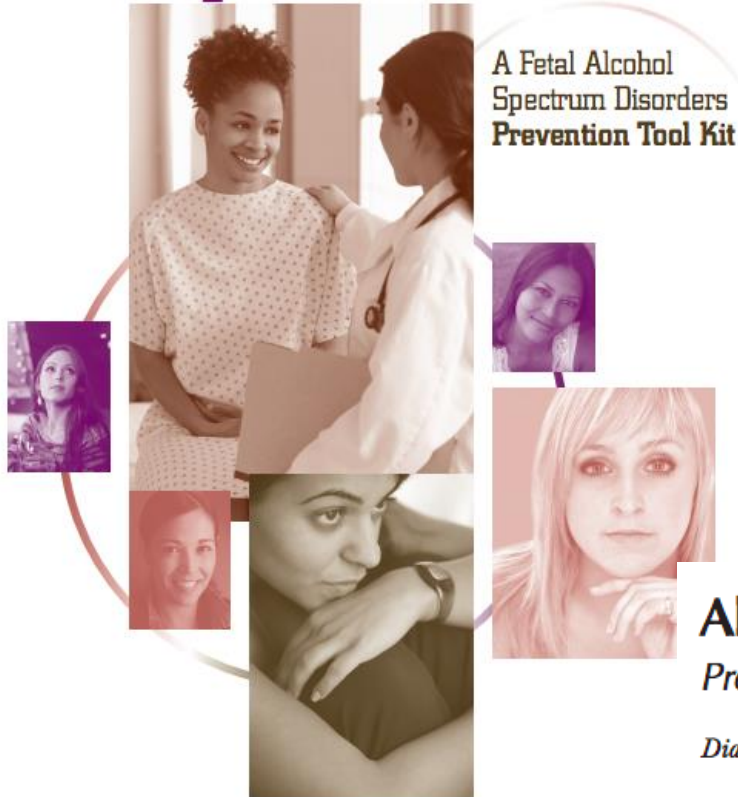
Why are you asking me about alcohol and drug use?! Do I look like I have issues, or what?!



We screen everyone that comes through the door. It's part of our prevention and wellness approach to health care.

What we tell our patients matters

Drinking and Reproductive Health



Journal of Addiction Medicine. 4(2):114-121, JUN 2010

DOI: 10.1097/ADM.0b013e3181b95015, PMID: 21769028

Issn Print: 1932-0620

Publication Date: 2010/06/01

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Knowledge, Opinions, and Practice Patterns of Obstetrician-Gynecologists Regarding Their Patients' Use of Alcohol

Britta L. Anderson; Elizabeth Parra Dang; R. Louise Floyd; Robert Sokol; Jeanne Mahoney; Jay Schulkin

JOURNAL OF WOMEN'S HEALTH
Volume 24, Number 8, 2015
© Mary Ann Liebert, Inc.
DOI: 10.1089/jwh.2014.4961

Missed Opportunities: Screening and Brief Intervention for Risky Alcohol Use in Women's Health Settings

Jennifer Hettema, PhD¹; Stephanie Cockrell, MSW¹; Jennifer Russo, MLS²; Joan Corder-Mabe, RN,³
Alycia Yowell-Mary, RN,³ Christian Chisholm, MD,² and Karen Ingersoll, PhD²

Alcohol Consumption During Pregnancy Prevalence and Provider Assessment

Diana Cheng, MD, Laurie Kettinger, MS, Kelechi Uduhiri, MD, MPH, and Lee Hurt, MS, MPH

<https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/FASD-Clinician-Guide.pdf>

integration.samhsa.gov



CBB reader Suzanne emails, "My hubby lived in Germany for 10+ years. He knew pregnant moms whose docs prescribed a pint of Guinness per day and all the babies were healthy as could be. Hubby's mom drank a pint herself each day, during each of her five pregnancies. All of her babies were healthy as clams."



a BabyCenter Member says

I have a glass of wine per week and don't feel bad about it. One glass, sipped on over the course of an hour+ shouldn't hurt the baby and given the fact that it reduces my stress after a long day teaching teenagers, I think it probably is good for me.

Why I Drank While I Was Pregnant

More educated, thirtysomething women, myself included, are drinking in moderation during pregnancy. Why do we do it?

What can happen when women drink alcohol in pregnancy?

Fetal Alcohol Syndrome (FAS)/Spectrum Disorder (FASD)

- Facial Dysmorphism, growth problems, CNS problems
- Leading cause of preventable intellectual disabilities

Prevalence:

- FAS: 0.2-1.5 per 1000 births
- FASD: est. 2-5/100 children by school age

Disruption of Family Unit:

- Social services involvement, even possible loss of custody

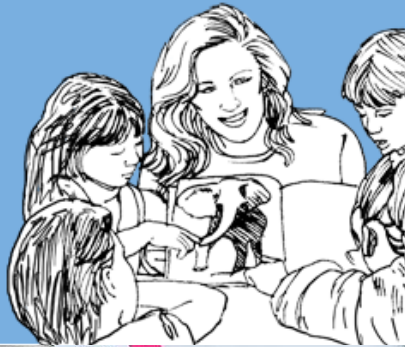
Phew! Made it?

- For the many women who do stop drinking alcohol (or other substances) in pregnancy, there is return post-partum to pre-pregnancy drinking level, or more.



Mommy Drinking Culture

Technically, you're not drinking alone if your kids are home.




someecards
user card

I wish my tolerance for my children would increase as much as my tolerance for wine.



someecards



Once upon a time some kids did as they were told and their Mommy didn't have to lose her  shit and drink wine out the box before noon.



someecards
user card

There is Hope and We Can Help

Women who drink alcohol in pregnancy:

1. Don't know they are pregnant
2. Don't know the risks of alcohol in pregnancy
3. Have tried to stop drinking and can't on their own

“I didn't go in a friend's hot tub this weekend because, you know, I'm pregnant. And then the insanity of it hit me, because I really want a healthy baby, but I know I'm drinking and I'm worried I can't stop” -TH

Brief Interventions and Referrals to Treatment

- For many women with risky drinking without alcohol use disorder, brief interventions, even 5-10 minutes of counseling in the office visit, can have an impact.
- For women with alcohol use disorder, they have a problem they can't fix on their own. Counseling to quit without providing the means to do so will be frustrating for both patient and provider. Awareness, connection, and referral for treatment is essential, ideally coordinated or integrated with prenatal care.
- Treatment may include: detoxification, residential, outpatient, group therapy, medications

Knowing and Connecting to Resources



Find a Women's Services Coordinator

www.samhsa.gov

US Department of Human Services
State Department of Human Services
Behavioral Health Organizations (BHOs)



www.sobermommies.com

Make every effort to connect with treatment providers in your area. It's hard to refer to a resource that we don't know!

Implementation Considerations

Getting started

Common roadblocks


Identifying your champions

Documenting results

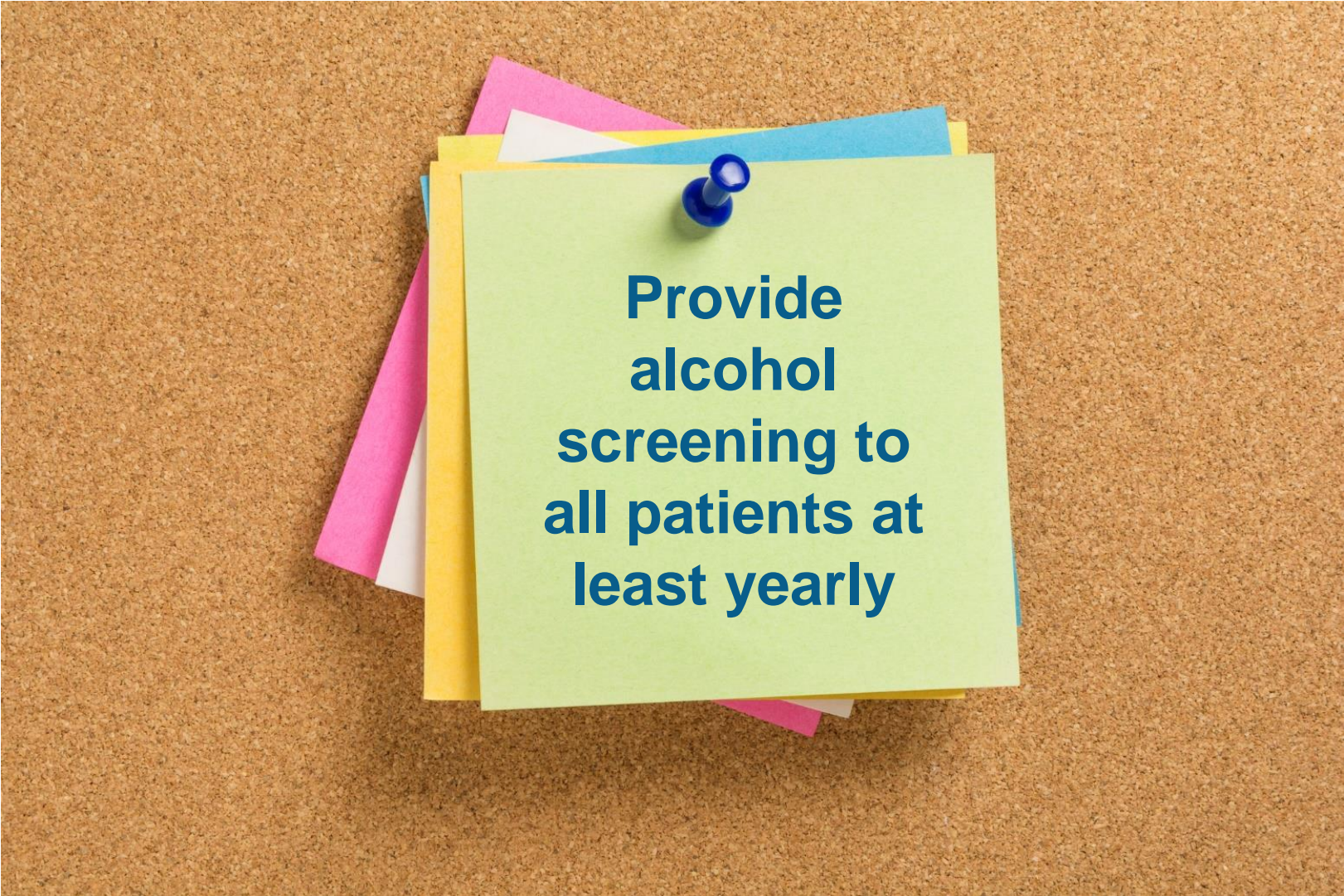
Reduce Resistance to Change



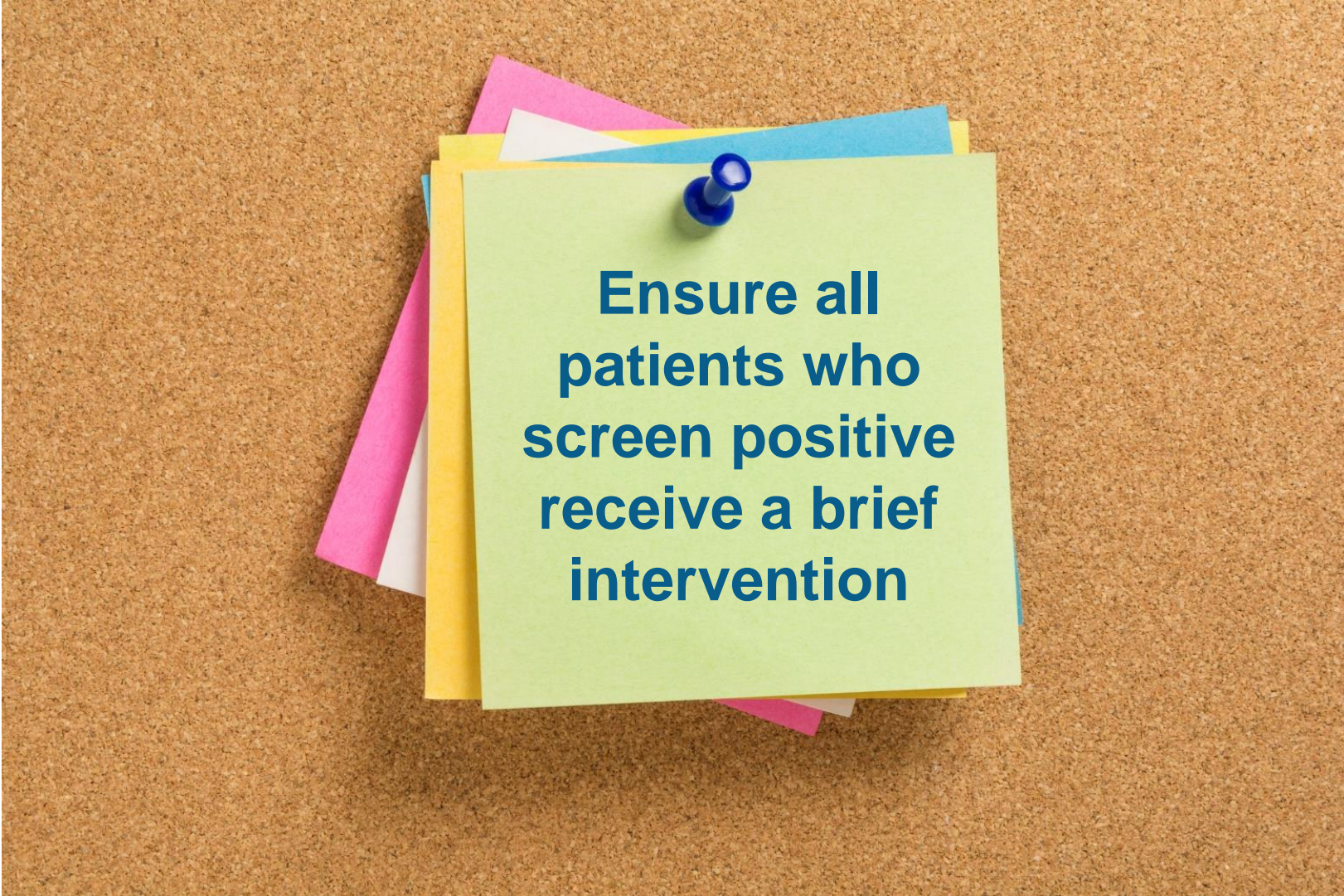
"I'm willing to make some lifestyle changes as long as I don't have to do anything different."



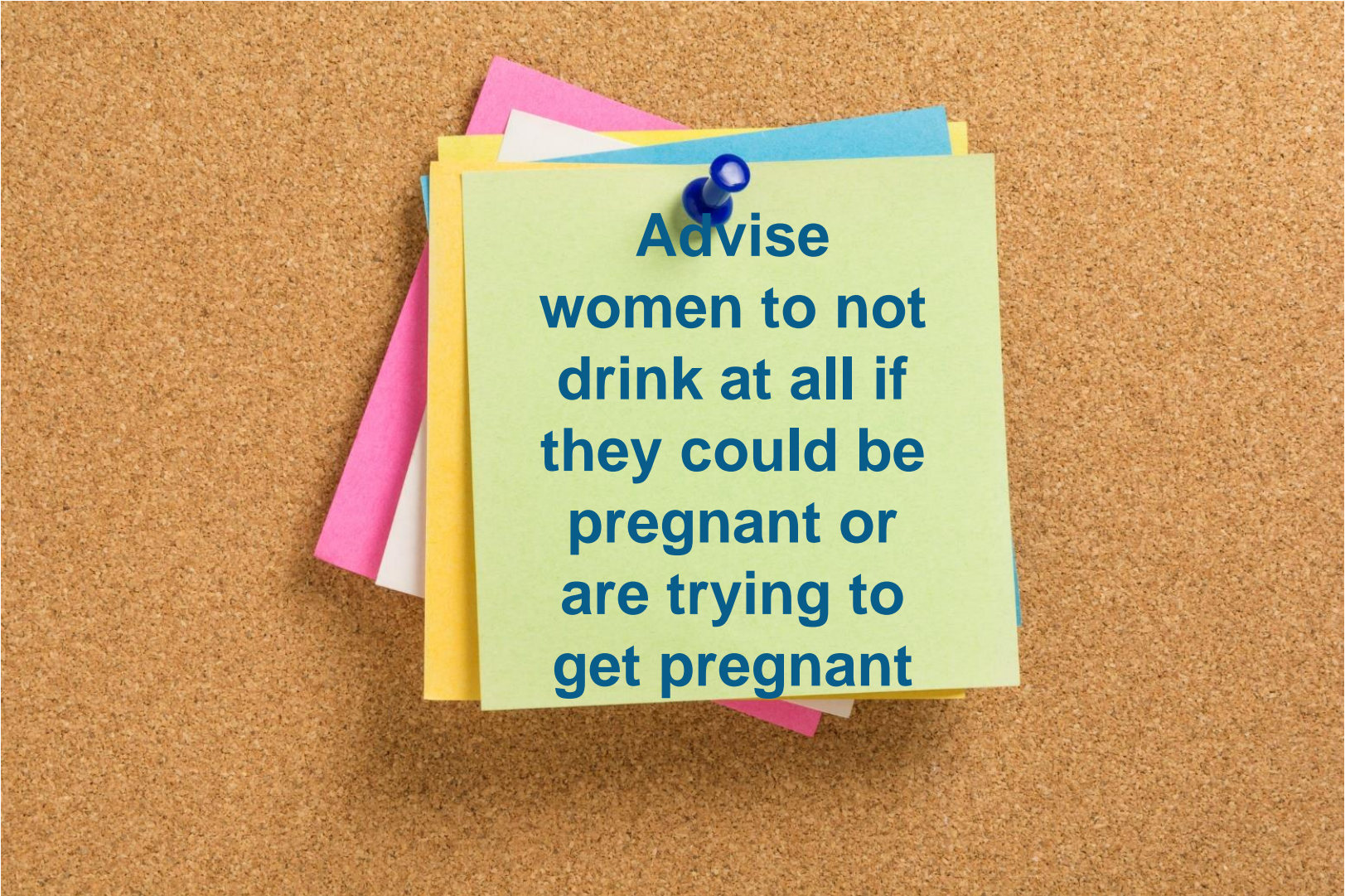
Take Home Messages



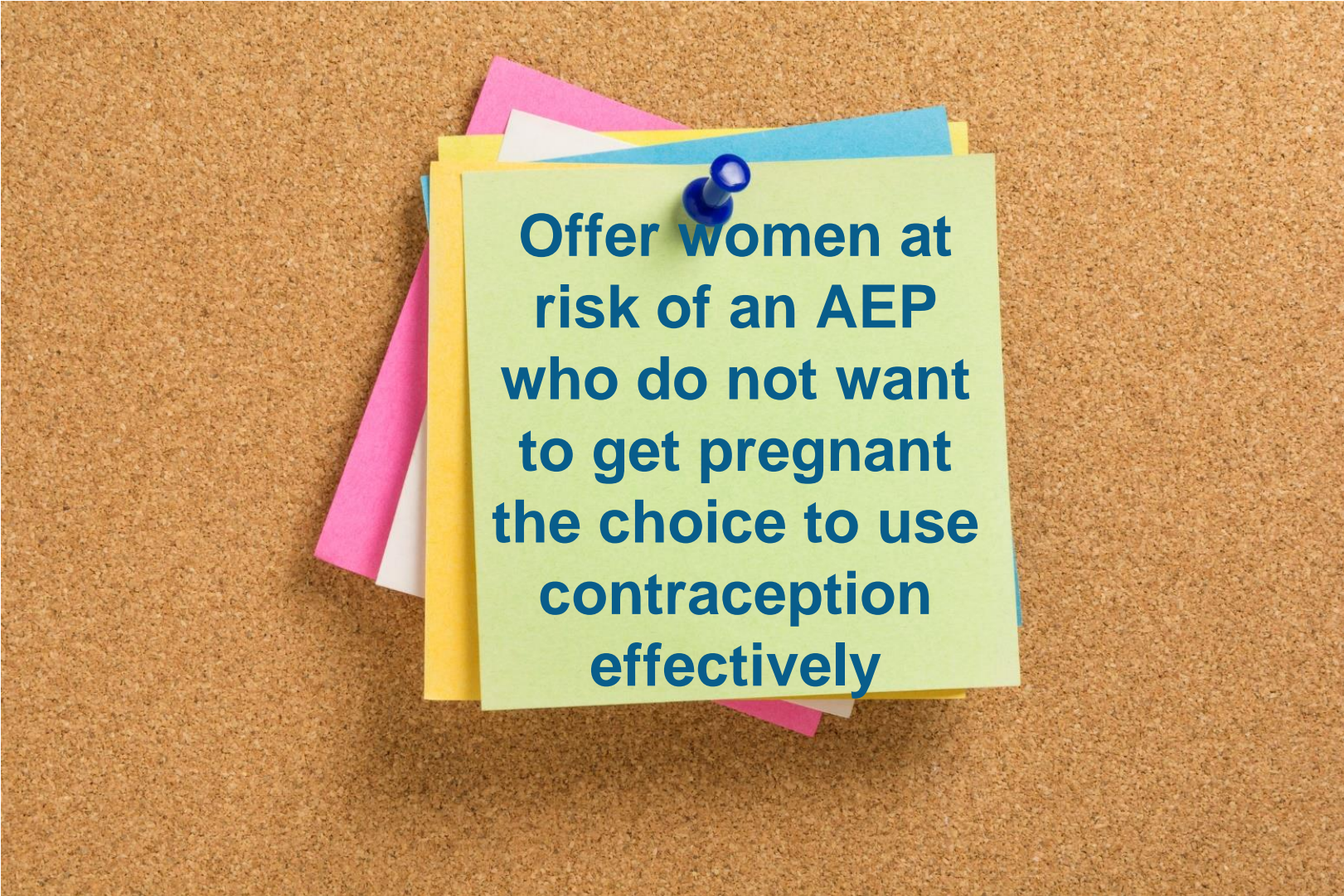
**Provide
alcohol
screening to
all patients at
least yearly**



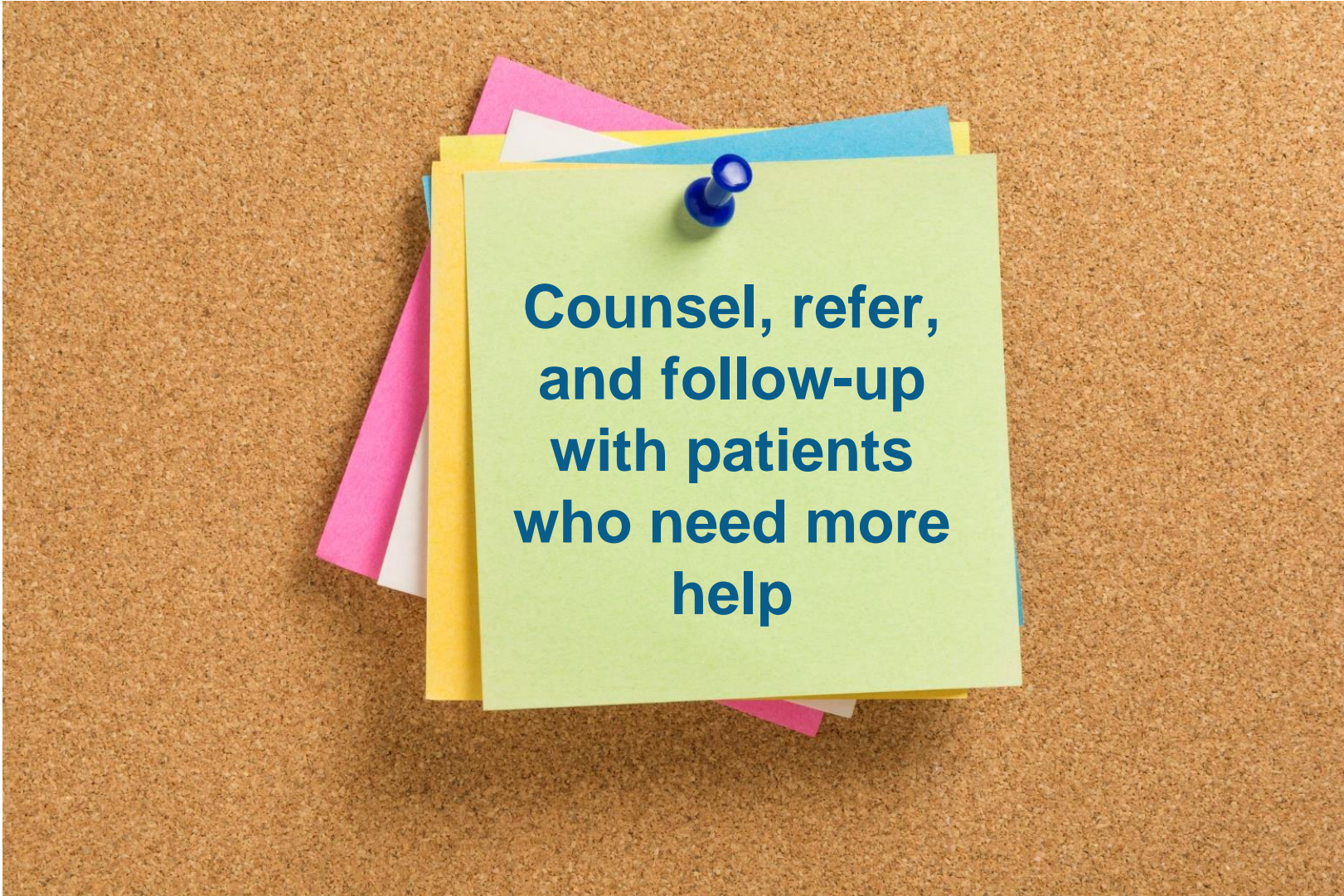
**Ensure all
patients who
screen positive
receive a brief
intervention**



**Advise
women to not
drink at all if
they could be
pregnant or
are trying to
get pregnant**



**Offer women at
risk of an AEP
who do not want
to get pregnant
the choice to use
contraception
effectively**



**Counsel, refer,
and follow-up
with patients
who need more
help**



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Switching Gears - Alcohol Use in Older Adults

Alison A. Moore, MD, MPH
Chief, Division of Geriatrics
Professor of Medicine and
Psychiatry, UC San Diego

Why do guidelines differ by gender and age?

- **Women:** Lower body size and reduced activity of gastric dehydrogenase (enzyme that metabolizes alcohol)
- **Women and Older Adults:** Lower percentage of body weight composed of water which results in a higher blood alcohol level for given amount of alcohol intake
- **Older Adults:** Increased psychomotor effects, comorbid conditions, medications used

Alcohol Use by Older Adults in the US

At age 65 years:

- 50% drink alcohol, 55% of men and 37% of women

National Epidemiologic Survey of Alcohol and Related Conditions, 2001-2

Conditions that alcohol causes or for which alcohol is detrimental

Cancer of:

- Lip
- Oropharynx
- Esophagus
- Larynx
- Liver
- Colon
- Breast

Gastrointestinal conditions

- Cirrhosis
- Pancreatitis

Infections

- Tuberculosis
- HIV/AIDS
- Other sexually transmitted disease
- Pneumonia

Cardiovascular disease

- Hypertension
- Ischemic heart disease
- Atrial fibrillation
- Stroke

Rehm J. et al, 2017

Conditions that alcohol causes or for which alcohol is detrimental

Neuropsychiatric disorders

- Alzheimer's/other dementias
- Depression
- Seizures

Injuries

- Injuries
- Violence
- Suicide

Alcohol use disorders

Pregnancy

Rehm J. et al, 2017

Alcohol and Cancer Risk

Table 1. Summary of Relative Risks From a Meta-Analysis for the Association Between Amount of Alcohol Drinking and Risk of Cancer

Type of Cancer	Relative Risk (95% CI)			
	Nondrinker	Light Drinker	Moderate Drinker	Heavy Drinker
Oral cavity and pharynx	1.0 (referent)	1.13 (1.0 to 1.26)	1.83 (1.62 to 2.07)	5.13 (4.31 to 6.10)
Esophageal squamous cell carcinoma	1.0 (referent)	1.26 (1.06 to 1.50)	2.23 (1.87 to 2.65)	4.95 (3.86 to 6.34)
Larynx	1.0 (referent)	0.87 (0.68 to 1.11)	1.44 (1.25 to 1.66)	2.65 (2.19 to 3.19)
Liver	1.0 (referent)	1.00 (0.85 to 1.18)	1.08 (0.97 to 1.20)	2.07 (1.66 to 2.58)
Female breast	1.0 (referent)	1.04 (1.01 to 1.07)	1.23 (1.19 to 1.28)	1.61 (1.33 to 1.94)
Colorectum	1.0 (referent)	0.99 (0.95 to 1.04)	1.17 (1.11 to 1.24)	1.44 (1.25 to 1.65)

NOTE. Adapted from results of Bagnardi et al (2015).²⁸

Light ≤12.5 g per day, Moderate ≤50 g per day, Heavy >50g per day

Bagnardi et al, Brit J Cancer 2015, LoConte et al. J Clin Oncol 2017

Alcohol-Medication Interactions

Raise or lower the levels of medication in the body

- Sedating medications, strong pain medicines, Coumadin

Makes drugs less effective if you drink and take medicines for a condition that is worsened by alcohol

- High blood pressure, gout, ulcers, depression, insomnia

Moore et al. J Am Geriatr Pharmacother, 2005

Alcohol-Medication Interactions

Worsen known medication side effects

- Sedation (e.g., strong pain medicines, sleeping medications, Benadryl)
- Bleeding (e.g., ibuprofen, aspirin, Plavix, anitcoagulants)

Moore et al. J Am Geriatr Pharmacother, 2005

Alcohol among women and older adults - NESARC 2001-2002 and 2012-2013

- Increased alcohol use among
 - Women 59.6% to 69%
 - Older adults 45.1% to 55.2%
- Increased high risk drinking (4+ drinks/occasion women at least weekly, 5+ men)
 - Women 5.7% to 9%
 - Older adults 2.3% to 3.8%
- Increased 12-month Alcohol Use Disorder
 - Women 4.9% to 9%
 - Older adults 1.5% to 3.1%

Grant et al, JAMA Psychiatry 2017; 74(9):911-923.

Drinking among adults aged ≥ 65 years

NESARC 2001-2

- Almost 75% reported ever using alcohol
- Almost 50% reported using alcohol in previous 12 months
- Alcohol use in past year drinkers:
 - 67.2% light drinkers (≤ 3 drinks/week)
 - 22.2% moderate drinkers (4-14 drinks/week for men and 4-7 drinks/week for women)
 - 10.7% were heavy drinkers (>14 drinks/week for men and >7 drinks/week for women)

Moore et al. J Am Geriatr Soc. 2009

Now more on aging and alcohol



At-risk or unhealthy drinking in older adults

- Often defined as exceeding low risk drinking guidelines
- Older adults have alcohol-related risks that differ in some respects from those of younger adults
- Older adult-relevant definition is:
 - use of alcohol that increases risk for harm, due both to the amount consumed and concurrent use of alcohol with medications and comorbidities

Moore et al. Med Care 1999, J Stud Alcohol 2002

Alcohol consumption and multiple comorbidity increases mortality

- NHANES 1971 and NHEFS 1992 data from adults aged ≥ 60 years
- We compared risk of dying between persons who were drinking and DID or DID NOT HAVE comorbid conditions that might be negatively affected by alcohol use.
 - Among men, mortality (dying) risks were 20% higher among those who were drinking and did have comorbid conditions.

Moore et al, JAGS 2006

Comorbidity Alcohol Risk Evaluation Tool (CARET)

- Questionnaire that identifies older persons who may be at-risk or unhealthy drinkers
- Includes items on medical conditions (7), symptoms (6), medications (11), alcohol use (3), others' concern about individual's drinking (1) and driving after drinking (1)

Moore et al. Aging: Clin Exp Res 2000, Fink et al. Arch Gerontol Geriatr 2002, Moore et al. JAGS 2002, Moore et al. J Stud Alcohol 2002

Examples of At-Risk Drinkers Identified by the CARET

- 72 year old woman who drinks three drinks four times a week and also has high blood pressure, problems sleeping, and takes medications for blood pressure and sleep.
- 68 year old woman who drinks two drinks daily and also feels sad or blue and takes ibuprofen regularly.
- 84 year old woman who drinks three drinks daily and sometimes has heartburn and takes ulcer medication.



Interventions to reduce unhealthy drinking in older adults

- Brief interventions:
 - Primary care setting and usually conducted by primary care provider and lasts 5-15 minutes in 1-3 visits.
 - Provides education and links behavior to health consequences.
 - Four studies employing some version of this approach have been conducted in older adults and all have reduced drinking.



Fleming et al, J Fam Pract 1999, Fink et al J Am Geriatr Soc 2005, Moore et al Addiction 2010. Ettner et al JSAD 2010.

Interventions to reduce unhealthy drinking in older adults

- Pharmacotherapy
 - **Naltrexone:** opioid receptor antagonist that reduces craving and pleasurable effects of alcohol by blocking alcohol-induced dopamine release in the brain.
 - Two randomized trials in older adults thus far with modest, though positive effects on reduction in alcohol use.



Oslin et al Am J Psych 1997, Oslin et al Am J Geriatri Psych 2002.

Conclusions

- Alcohol has risks depending on amount and frequency of alcohol use and other factors including age, gender, family history, comorbidity, medications used.
- Only one randomized trial is now being done to prove or disprove some of alcohol's apparent benefits.
- Still controversial to recommend alcohol use.

Conclusions

- Older at-risk drinkers have multiple risks, most because of combined use of alcohol and medications and/or use of alcohol in the presence of comorbidity.
- Data suggests that advice can reduce alcohol consumption and unhealthy drinking in older populations.



Resources

- **CHOICES Intervention:**
<https://www.cdc.gov/ncbddd/fasd/choices-implementing-choices.html>
- **CIHS Website:**
 - **SBIRT**
 - **Screening Tools**
 - **Motivational Interviewing**
 - **Medication Assisted Treatment**

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS). At the top, there is a header with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the main title "SAMHSA-HRSA Center for Integrated Health Solutions" and a link to the "eSolutions newsletter". A navigation bar contains links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Below the navigation bar is a social media section with links for Facebook, Twitter, Listserve, Ask a Question, and Email. The main content area features a large image of four healthcare professionals in a meeting. To the right of this image is a section titled "ABOUT CIHS" with the text "SAMHSA-HRSA Center for Integrated Health Solutions" and a description of CIHS's mission. Below this is a "LEARN MORE" button. To the left of the main image is a section titled "Core Competencies for Integrated Behavioral Health and Primary Care" with a description and a series of numbered links (1-5). Below this is a "CALENDAR OF EVENTS" section with two events listed for February 2014. To the right of the main content area is a "TOP RESOURCES" section with two featured articles: "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" and "February Is American Heart Month!". Each article has a small image and a brief description.

Making Integrated Care Work 202.684.7457

SAMHSA-HRSA Center for Integrated Health Solutions eSolutions newsletter

About Us Integrated Care Models Workforce Financing Clinical Practice Operations & Administration Health & Wellness

Glossary Facebook Twitter Listserve Ask a Question Email

ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

[LEARN MORE](#)

TOP RESOURCES

[View Our RSS Feed](#)

CALENDAR OF EVENTS

FEB 26 Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment
FEBRUARY 26-28, 2014

FEB 27 Integrating Peer Support in Primary Care
FEBRUARY 27-29, 2014

FEBRUARY 24, 2014
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

FEBRUARY 21, 2014
February Is American Heart Month!

This issue brief examines five promising Medicaid approaches to integrate physical and behavioral health care.

Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease.



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Thank you for joining us today.

**Please take a moment to provide your
feedback by completing the survey at the
end of today's webinar.**